

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 598

Registered No. 598

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 1012 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Jose Luis Cabrera (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec 26 1929  
Month Day Year

8. FATHER  
Full name Basilio Cabrera

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Miner  
Nature of industry Copper

14. MOTHER  
Full maiden name Olivia Madrid

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 a.m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. J. Truitt M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Jan 7, 1930 Registrar R. E. Truitt

Registrar \_\_\_\_\_

131-1226-643